



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA  
Chief Executive Officer

August 3, 2010

To: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

## DEMAND FOR 24/7 MEDICAL HUB CAPACITY

In response to the June 1, 2010 LAC+USC Medical Center Hub Clinic Renovation Project Board Letter, the Chief Executive Office, Departments of Children and Family Services (DCFS), and Health Services (DHS) committed to provide a written report in 60 days researching the demand for additional 24/7 Medical Hub capacity. This report would take into consideration the origin of referrals by Service Planning Area (SPA) and Supervisorial Districts, and discuss the overall efforts to expand Medical Hub revenue reimbursement.

### Background

Currently, there are seven Medical Hubs, including one that is privately operated. DHS operates the remaining six Medical Hubs: Harbor/UCLA Medical Center; High Desert Multi-Service Ambulatory Care Center (MACC); LAC+USC Medical Center; Martin Luther King, Jr. MACC; Olive View/UCLA Medical Center, and East San Gabriel Valley satellite to LAC+USC at MacLaren Children's Center. At this time, only the LAC+USC Medical Center is operational on a 24/7 basis. The after-hours capacity at the LAC+USC Medical Hub is not fully utilized at this time and there is currently capacity to treat additional children. All other Medical Hubs operate during regular business hours.

The Medical Hubs were established to ensure that DCFS children receive a comprehensive initial medical examination, including age-appropriate developmental and mental health screenings and a forensic evaluation, if deemed appropriate, when there is an allegation of physical or sexual abuse.

*"To Enrich Lives Through Effective And Caring Service"*

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The prioritized DCFS populations that are referred to and served by the Medical Hubs are:

1. Newly detained children placed in out-of-home care. This population is defined as children who initially enter the child welfare system and are placed in out-of-home care. (This definition includes children in an open case under a court-ordered Family Maintenance or Voluntary Family Maintenance case plan who are subsequently removed from their biological parents and placed in out-of-home care);
2. Children who are in need of a forensic evaluation to determine abuse and/or neglect, as a DCFS referral or existing case; and
3. Children with special medical conditions, i.e., diabetes, hemophilia, etc.

Per DCFS policy, Children's Social Workers (CSWs) are to utilize the Medical Hubs when investigating allegations of physical and sexual abuse and to contact the Medical Hub staff for consultation on the appropriateness of the referral. A forensic medical examination and clinical assessment is needed when a child's injuries require immediate evaluation and treatment, forensic evidence necessitates timely documentation/collection, and if an immediate review of a child's health and safety is warranted. In addition, CSWs are directed to refer children with severe or life threatening injuries to an emergency care facility or trauma center, and once stabilized, the child can be referred to a Medical Hub.

### **Methodology and Findings**

In order to address the issue of whether 24/7 capacity should be expanded to all Medical Hubs, DCFS developed and implemented the Emergency Response Command Post (ERCP) 24/7 Needs Survey (ERCP Survey – Appendix A). From April 1, 2010 to June 30, 2010, ERCP workers were instructed to complete the ERCP survey for physical abuse, sexual abuse, and severe neglect investigation referrals. Upon completion, the ERCP Surveys were returned to DCFS for manual coding into Survey Select. The Survey Select software enabled DCFS to numerically tabulate responses to open-ended questions, and aggregate totals. In addition, written comments were analyzed to determine patterns (Appendix B).

During this period, there were a total of 323 surveys collected yielding a 17 percent response rate out of 1,884 ERCP referrals on physical abuse, sexual abuse, and severe neglect. Although a low response rate and small sample contributed to the limitations of the study, the surveys completed by the CSWs did not appear to indicate a need for after-hours Medical Hub services.

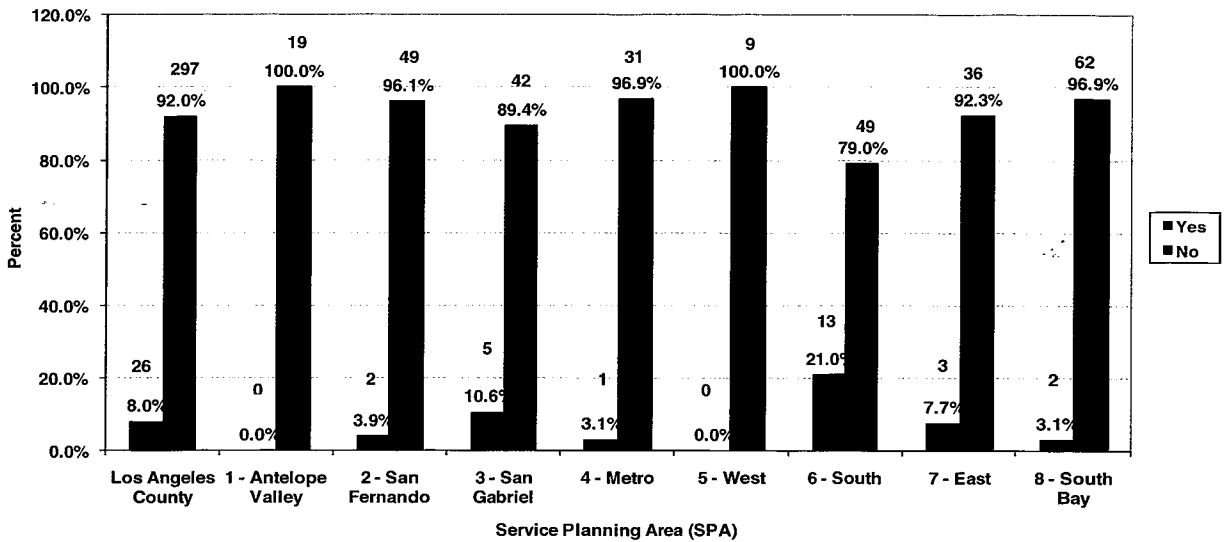
For each eligible referral, ERCP workers were asked, "Do you believe that after-hours Medical Hub services were required for these children?" (Question 3). Among the 323 completed surveys, 297 (92 percent) responded "No", and 26 (8 percent) responded "Yes". Further analysis of the 26 "Yes" responses indicated that eight of the 26 children received after-hours treatment. Five of the eight children received treatment at the LAC+USC Medical Hub – Suspected Child Abuse and Neglect Clinic, two children received treatment at the LAC+USC Medical Center and another child was served at a community-based clinic. An inventory of the 26 "Yes" responses revealed:

- Eight children were seen after-hours;
- Ten LAC+USC staff advised that the child be seen during regular business hours and appointments were given;
- Four LAC+USC staff referred the children to their primary health provider;
- Two children went to UCLA and Childrens Hospital Los Angeles;
- One child went AWOL; and
- One child refused service and was treated via ambulance.

In addition, 15 of the 26 ERCP "Yes" responses received consultation from the LAC+USC Medical Center staff. An Emergency Response (ER) Training Academy has been developed to strengthen the knowledge and skills of CSWs conducting ER investigations. This training will include a Medical Hub Policy presentation highlighting the importance of Medical Hub staff consultation. This is especially significant as after-hours Medical Hub visits tend to be physically and emotionally difficult for the children and their families. Children should only receive after-hours Medical Hub services when necessary.

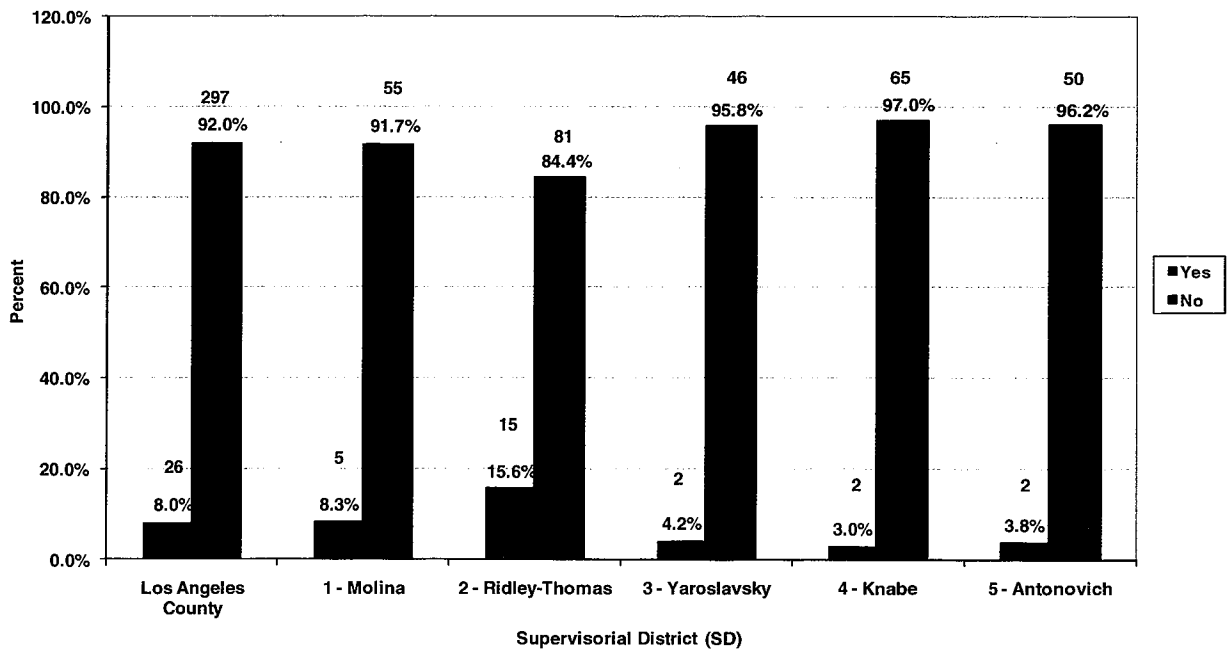
Figure 1 shows the "Yes" responses by SPA. Responses ranged from zero percent in SPAs 1 and 5 (Antelope Valley and West) to 21 percent (13) for SPA 6 (South). Figure 2 shows the "Yes" responses by Supervisorial District. "Yes" responses ranged from less than five percent for Districts 3, 4, and 5 to approximately 16 percent (15) for District 2.

**Figure 1: Q3 - Do you believe the after-hours Hub services were required for these children?  
Responses by Service Planning Area (SPA)**



Source: ERCP Needs Survey

**Figure 2: Q3 - Do you believe the after-hours Hub services were required for these children?  
Responses by Supervisorial District (SD)**



Source: ERCP Needs Survey

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### **Reimbursement from Medi-Cal Managed Care Health Plans**

As directed by your Board on September 1, 2009, DHS has provided you with quarterly reports on their progress in obtaining reimbursement for DHS Medical Hub forensic evaluations. The third quarterly report will be provided in August 2010.

### **Summary**

For approximately 92 percent of ERCP referrals, DCFS workers reported that after-hours Medical Hub services were not required. Therefore, based upon the data analysis of the ERCP Survey results, it appears that the expansion of 24/7 capacity at the Medical Hubs is not essential to serving the health and mental health needs of DCFS children. The existing LAC+USC Medical Hub is not at capacity and is capable of meeting the 24/7 needs of Los Angeles County. The recommendation is to provide additional training to CSWs on the importance of Medical Hub staff consultation prior to the transportation of children to Medical Hubs and to monitor utilization of LAC+USC Medical Center after-hours services. If LAC+USC Medical Center capacity becomes an issue, your Board will be notified.

This report fulfills the analysis for additional 24/7 capacity at the Medical Hubs and no further reports will be submitted unless otherwise instructed.

If you have any questions, please let me know or your staff may contact Kathy House, Acting Deputy Chief Executive Officer at (213) 974-4530, or via e-mail at [khhouse@ceo.lacounty.gov](mailto:khhouse@ceo.lacounty.gov).

WTF:KH:LB  
AM:hn

Attachments (2)

c: Executive Office, Board of Supervisors  
County Counsel  
Children and Family Services  
Health Services

**EMERGENCY RESPONSE COMMAND POST (ERCP)****Needs Survey on Usage of After-Hour Medical Hub Services**

As you all know, the Department has implemented policies and procedures for our children to receive the necessary medical exams and evaluations within the guidelines provided in Procedural Guide 0900-500.00 (UTILIZATION OF MEDICAL HUBS). As the Department moves forward with implementation of systems improvement, it is critically important that we solicit input and suggestions from those of you who are involved with the demands of the job on a daily basis.

You and only you know what after-hours services are working best and you can provide information on the use of after-hours services to assist in the investigation of ER referrals. To that end, we ask that you take a few minutes to complete the following survey in relation to the referral assigned to you. Please use one survey per referral; and submit the completed survey to your SCSW.

1. Referral Number: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_ Date of referral: \_\_\_\_\_
2. Number of children: \_\_\_\_\_ Age(s) of children: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Do you believe that after-hours Medical Hub services were required for these children? ☐ Yes ☐ No
4. Reason(s) why after-hours Medical Hub services were determined to be needed? Please provide specific information on the child's (children's) acute medical condition that required after hours Medical Hubs services. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. If after-hours services were determined to be needed, could the child (children) have been taken to the LAC+USC Medical Hub? (*The LAC+USC Medical Hub provides 24/7 services.*)  
 \_\_\_\_\_  
 \_\_\_\_\_

6. If no, reason(s) why the child could not go to the LAC+USC Medical Hub?

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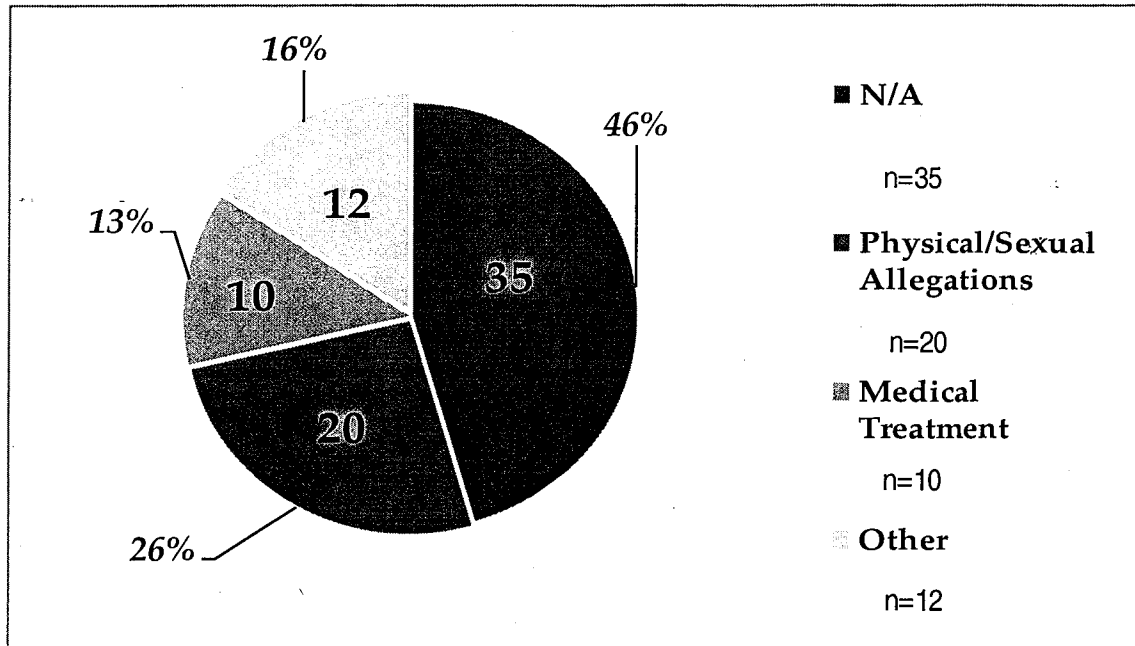
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**Thank you for your assistance.**

## Content Analysis of ERCP Survey Responses

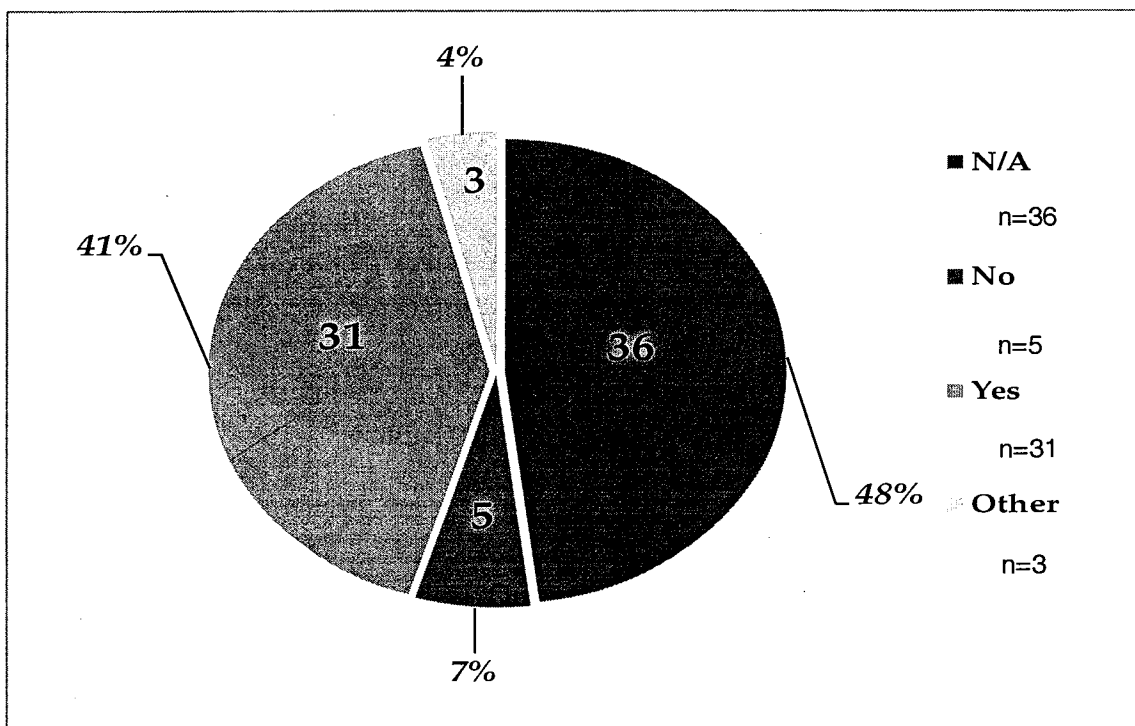
### Question 4

Reason(s) why after-hours medical hub services were determined to be needed?  
Please provide specific information on the child's (children's) acute medical condition that required after hours Medical Hub services.



### Question 5

If after-hours services were determined to be needed, could the child (children) have been taken to the LAC+USC Medical Hub?





**Question 6**

If no, reason(s) why the child could not go to the LAC+USC Medical Hub?

